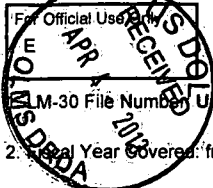


FORM LM-30
LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form Approved
Office of Management and Budget
No: 1245-0005
Expires: 09-30-2014

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



57375

526140

5. Labor Organization Identifying Information

2. Fiscal Year Covered: from 01/01/2012 through 12/31/2012
(mm/dd/yyyy) (mm/dd/yyyy)
3. Amended report- If this is an amended report, check here: ☐
4. Your Contact Information:

Name (first,middle,last) VERNON Clifford WALKER	Name AMERICAN RADIO ASSOCIATION, AFL-CIO
Street address 1600 RABKE RD.	Street address 1775 E. PLUMB LANE # 111 1600 RABKE RD
City CANTON State GA ZIP 30114	City RENO CANTON State NV ZIP 89502 30114
Email address (optional) walker@aratime.org	File Number 530-003
	Officer <input checked="" type="checkbox"/> Employee <input type="checkbox"/>
	Your officer position or job title secretary-Treasurer NEW 4/4/13

Complete PART A, B, or C if, during the past fiscal year, you or your spouse or minor child directly or indirectly had a reportable interest in, transaction or arrangement with, or received income, payment, or benefit from the entities described below.

PART A - REPRESENTED EMPLOYER. An employer whose employees your labor organization represents or is actively seeking to represent.

6. Name of represented employer	7.a. Nature of interest, transaction, benefit, arrangement, income, or loan
Contact name Telephone	
Street address	
City State ZIP	
	7.b. Amount or value or interest, transaction, benefit, arrangement, income, or loan

15. Signature and Verification

The undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete.

Signed [Signature] On 3/30/13 Telephone Number 702 924 6634
Date(mm/dd/yyyy)

PART B - BUSINESS. A business, such as a vendor or service provider, (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer described in Part A or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name of business <u>American radio association, Plans & welfare</u></p> <p>Contact name <u>John Lindner</u> Telephone _____</p> <p>Street address <u>181 E. southern Av. 20-B</u></p> <p>City <u>Messa</u> State <u>AZ</u> ZIP <u>85204</u></p>	<p>11.a. Nature of dealings</p> <p>I am the training director for the Union</p>
<p>9. Business deals with <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer</p>	<p>11.b. Value of dealings</p> <p>\$53,825</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name <u>American Radio association welfare plan</u></p> <p>Contact name <u>John Lindner</u> Telephone <u>480-219-2789</u></p> <p>Street address <u>1818 E. Southern Av. 20-B</u></p> <p>City <u>Messa</u> State <u>AZ</u> ZIP <u>85204</u></p>	<p>12.a. Nature of interest, benefit, arrangement, or income</p> <p>Training director</p> <p>12.b. Amount or value of interest, benefit, arrangement, or income</p> <p>\$53,825</p>

PART C - OTHER EMPLOYER OR LABOR RELATIONS CONSULTANT. An employer (other than an employer or business covered under Parts A and B above) from whom a payment would create an actual or potential conflict between your personal financial interests and the interests of your labor organization (or your duties to your labor organization); or a labor relations consultant to such an employer or to the employer listed in Part A.

<p>13.a. Contact information for employer or labor relations consultant</p> <p>Name of employer or labor relations consultant _____</p> <p>Contact name _____ Telephone _____</p> <p>Mailing address _____</p> <p>City _____ State _____ ZIP _____</p>	<p>14.a. Nature of payment</p>
<p>13.b. Type of Entity: Is the entity <input type="checkbox"/> an employer or <input type="checkbox"/> a consultant?</p>	<p>14.b. Amount or value of payment</p>

PART B - BUSINESS: A business, such as a vendor or service provider, (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer described in Part A or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name of business

Contact name

Telephone

Street address

City

State

ZIP

11. a. Nature of dealings

9. Business deals with

☐

a. Labor Organization

☐

b. Trust

☐

c. Employer

11. b. Value of dealings

10. If 9. b. or 9. c. is checked give trust or employer's name

Contact name

Telephone

Street address

City

State

ZIP

12. a. Nature of interest, benefit, arrangement, or income

12. b. Amount or value of interest, benefit, arrangement, or income

PART C - OTHER EMPLOYER OR LABOR RELATIONS CONSULTANT: An employer (other than an employer or business covered under Parts A and B above) from whom a payment would create an actual or potential conflict between your personal financial interests and the interests of your labor organization (or your duties to your labor organization) or a labor relations consultant to such an employer or to the employer listed in Part A.

13. a. Contact information for employer or labor relations consultant

Name of employer or labor relations consultant

Contact name

Telephone

Mailing address

City

State

ZIP

14. a. Nature of payment

13. b. Type of entity

Is the entity

☐

an employer or

☐

a consultant?

14. b. Amount or value of payment